

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr Thomas R Sullivan, DC, DACBSP

Mailing Address 7106 Pippin Road at Banning

City

Cincinnati

State

OH

Zip Code

45239-4605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: 33378260

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Roger S Redleaf, DC

Mailing Address 95 Sockanosset Crossroads, Suite 3

City

Cranston

State

RI

Zip Code

02920-5559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: 33378268

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Frederick E Hult, DC

Mailing Address 306 North Front Street

City

McHenry

State

IL

Zip Code

60050-5505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: 33462743

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....